

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address: AHMED KHALIFA, MD 1415 S. HWY 6, SUITE 400D SUGARLAND, TX 77478	MFDR Tracking #:	M4-09-B730-01
Respondent Name and Box #: 47 AMERISURE MUTUAL INSURANCE CO		

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: The Requestor did not submit a position summary.

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$934.21
3. CMS 1500s
4. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "We are in receipt of your request for medical dispute resolution. We have attached the requested information. Currently, it is our position to support the decision made by MCMC, our authorized bill audit review vendor. In regards to the date of service of 5/14/09, the carrier only received the initial request for payment from the health care provider. A request for reconsideration was not received."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
5/14/09	01991 x2 N/A	1 thru 13	\$0.00
6/16/09	72100-26, 77003-26 x3, 64622, 64623 x2, 95937 N/A	1 thru 13	\$0.00
Total:			\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011 (a-d), titled *Reimbursement Policies and Guidelines*, and 28 TAC Section 134.203, titled *Medical Fee Guideline for Professional Services*. The Guideline shall be effective for professional medical services provided on or after March 1, 2008.

1. These services were denied by the Respondent with reason code "W1- Workers compensation state fee schedule adjustment."
2. Review of the information submitted in this dispute indicates there is only the original explanation of benefit (EOB) submitted by the Requestor for date of service 5/14/09. There are no EOB's submitted by the Requestor for date of service 6/16/09.
3. Rule 133.307(c)(2)(B) states in part: Requests for medical dispute resolution (MDR), the provider shall complete the required sections of the request in the form and manner prescribed by the Division. The provider shall file the request with the MDR Section by any mail service or personal delivery. The request shall include: a copy of each explanation of benefits (EOB), in a paper explanation of benefits format, relevant to the fee dispute or, if no EOB was received, convincing documentation providing evidence of carrier receipt of the request for an EOB.
4. The Requestor's dispute indicates that a reconsideration was faxed to the carrier but does not include a confirmation or receipt that the Carrier actually received the reconsideration request. The Requestor's request for reconsideration is reviewed and states in part, "Since we did not receive any payment for the date of service June 16, 2009 which was bill {sic} along with the date of service May 14, 2009, we must assume that our medical bill for June 16, 2009 was lost. Therefore, please accept this letter as our request for reconsideration for both dates of April 14, 2009 as well as June 16, 2009." The Division is not finding that a date of service of April 14, 2009 is submitted in this dispute. The bills submitted in this dispute for date of service 5/14/09 and 6/16/09 both have a print date of 7/1/09.
5. Rule 133.240(a) states in part: An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. The Requestor's request for reconsideration is dated 7/27/09. The Requestor did not allow the Carrier the requested time of up to 45 days after receipt of the bill to process the bill for date of service 6/16/09 since the print date on the bill shows 7/1/09.
6. The Requestor then promptly filed for Medical Fee Dispute Resolution and the Division received the dispute on 8/27/09 without the required EOB's.
7. The bill and the medical documentation is reviewed for date of service 5/14/09. The bill shows that Ahmed Khalifa, MD billed Current Procedural Terminology Code (CPT) 01991 without a modifier. The Carrier response packet included the bill with QS modifier handwritten on the bill. The description of CPT 01991 by the American Medical Association (AMA) is as follows: Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position. The medical documentation dated 5/14/09 shows that Ahmed Khalifa, MD performed diagnostic blocks of the multiple neuromas in the right BKA stump. The medical documentation does not mention anywhere that Dr. Khalifa also performed the anesthesia during this procedure and the documentation is not signed as is required by Medicare. Per the AMA description of the code, the same doctor cannot perform both the nerve blocks and the anesthesia. The Carrier paid the Requestor \$168.20 for the anesthesia services. No additional reimbursement is recommended.
8. The bill and the descriptions of the CPT codes for date of service 6/16/09 are reviewed. The Requestor billed:
64622 – Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64623 – (add on code) lumbar or sacral, each additional level (List separately in addition to code for primary procedure.
95937 – Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method.
77003 –26 - Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction.
72100-26- Radiologic examination, spine, lumbosacral; 2 or 3 views.
– Modifier 26 indicates professional component.
9. The medical documentation submitted to support this billing is reviewed. It shows that Ahmed Khalifa, MD is reporting a preoperative diagnosis of left above knee amputation (AKA)- neuromas x3. Under the procedures performed part of the documentation, Dr. Khalifa documents radio-frequency ablation with destruction of neuromas in below knee stump of the right lower extremity, CPT 64622 and 64623 (x3), neuromuscular junction testing with electrical stimulation CPT 95937 (x3) three neuromas, fluoroscopic guidance CPT 76003 (x3) three neuromas and radiological examination of the left AKA with x-ray hard copy, CPT 72100-26, Results: No gross signs of infection of the residual left femur noted, except as otherwise stated. The documentation is not signed as is required by Medicare.

10. The documentation does not reflect any procedures performed on the spine as the Provider billed nor were any spine x-rays taken. It is unclear to the Division why the Provider is billing for services related to the spine when the services were actually performed on the lower extremity. It is also unclear to the Division which extremity and what part of the extremity the procedures were performed. The preoperative diagnosis listed is left above knee amputation, and procedures performed were on the right below knee stump and x-rays were taken on the left above knee amputation site.
11. 28 TAC Section 134.203(a)(5) states: "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.
12. The response that the Carrier submitted for this dispute contains the billing for date of service 6/16/09. The provider submitted one bill for a total of \$631.99 and a second bill for a total of \$710.09. The Carrier has also provided the EOB's showing the Provider was paid a total \$642.73 on two separate EOB's.
13. Therefore, for the reasons noted above, no additional reimbursement to the Requestor is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1
Texas Government Code, Chapter 2001, Subchapter G
134.203, 133.210, 133.307, 133.240 and 133.230

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to additional reimbursement for the services involved in this dispute.

DECISION:

Authorized Signature

Auditor
Medical Fee Dispute Resolution

11/4/09

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.